

IHP+ 2016 MONITORING ROUND

SUDAN COUNTRY REPORT

COUNTRY	Sudan
CONSULTANT NAME	Abdalla Saidahmed
DATE SUBMITTED	26.09.2016 and updated in December 2016

1 Process of the 2016 IHP+ Monitoring Round

The IHP⁺ monitoring exercise went fairly well.

The process of alignment with, and integration with the Global Partnership for Effective Development Co-operation (GPEDC) has started with this year monitoring round. The FMOH attended a regional GPEDC meeting, where an agreement was reached to align data collection in 4 sectors / areas, including Health. The first meeting was held with the participation of representatives of the GPEDC at national level and IHP⁺ in which a briefing on both monitoring processes has been presented. Data collection on CSO has been a joint exercise between the national global partnership and IHP⁺.

24 DPs has been invited to attend the briefing, only 6 attended and 9 participated in the interviews. It was not easy to get the information from the DPs as they allocated limited time to this exercise. The response from CSO was good, with 19 CSOs attending the meeting. The private sector participated with 3 representatives, 2 from professional associations and one from a profit association.

The leadership of FMOH was effective. Staff and time were allocated and the leader of the team was available and effective.

The main constrain was the slow response from DPS.

2 Commitment to establish strong health sector strategies which are jointly assessed and strengthen mutual accountability

2.1 EDC Practice 1: Partners support a single national health strategy

There is agreement between the Government and the DPs that the National Strategic Plan (NSP) is in place and that its process of development was inclusive. Overall, the support from the partners is aligned with the NSP and the priorities are jointly defined, based on a common analysis and planning.

2.2 EDC Practice 5: Mutual accountability is strengthened

The movement of the FMOH towards one plan one budget and one report presents both opportunities and challenges. The degree of mutual accountability is considered acceptable.

The monitoring and evaluation plan is in place, with an increasing use by DPs of national indicators.

3 Commitment to improve the financing, predictability and financial management of the health sector

3.1 Practice 2a/b: Health Development Cooperation is more predictable

Development aid is not enough predictable: for example, only 38% of DPs communicated their cooperation plans for the past 3 years to the Government according to their information, whereas the Government reports that only 25% of DPs informed it about their future aid.

3.2 Practice 2c: Health Aid is on budget

Less than 50% of DP's budgets has been registered in the government budget.

Good communication and improved coordination are critical to improving aid effectiveness. Other mechanisms like the UNDAF process and country program review can strengthen aid effectiveness.

The challenges include lack of capacity and staff turnover in the government.

4 Commitment to establish, use and strengthen country systems

4.1 Practice 3: PMF systems are used and strengthened

The World Bank CPIA score for Sudan is 2.5. Most of DPs do not use the PFM system because they have their own systems and are obliged to use it.

A joint financial management assessment has been conducted. The assessment found that harmonization of financial management systems is currently possible but would require a medium to long-term approach. The main recommendations include improving donor coordination, strengthen internal audit and move towards joint budgeting and planning. All DPs are strengthening the system.

4.2 Practice 4: Procurement systems are used and strengthened

The government has a procurement plan in place: only 3 DPs' agencies are using it, but participation is increasing. Most agencies are strengthening the national system. A comprehensive capacity development plan is in place to build the capacity of the Federal Ministry of Health in Financial Management, Procurement and Supply Management systems, Monitoring and Evaluation, and Program Management.

Challenges include poor communication and coordination, the need for simplifying clearance procedures and improving capacities of government and DPs.

4.3 Practice 6: Technical support is coordinated and SSC and TrC supports learning

There is a national TA plan, which is included in the operationalized strategic plan. Most DP provides TA according to the agreed plan. The utilization of SSC is starting and 50% of DPs support regional technical cooperation.

5 Commitment to create an enabling environment for CSO and PS to participate in health sector development cooperation

5.1 Practice 7: Engagement of CSO

According to CSO most of them are not involved in the process of national policy development, although the government confirms their participation.

The government confirms the access of CSO to all health data and that FMOH - National Health Observatory avails all relevant health information and reports. However, according to the CSO, the legal and regulatory environment is not conducive to improving CSO access to information.

5.2 Practice 8: Engagement of PS

The engagement of the private sector in health planning and policy is limited and there is no agreement on the role of professional associations.

According to the professional associations, they are considered concerned with the services of their members and not concerned with policy and planning.

The government confirms that the private sector has access to all information through the FMOH health observatory.

The main challenge for engagement of the PS in policy and planning is building its capacity and more advocacy for the partnership between government & PS.

6 Other observations

Not any

7 Discussion of findings

The findings have been presented in two occasions:

First the Sudan health sector partner forum meeting, where all national and international as well as civil society, are sitting. In this meeting 78 persons from government, civil society and IDPs attended (list attached). The findings have been presented as well as introduction about the forum regarding its objectives and working modalities. Most of the discussion went on governance issues concerning the forum (minutes attached).

Second meeting have been called for to validate the findings and come out with a work plan. This meeting was attended by 12 persons representing UNFPA, UNDP, Private sector, four from civil society as well as FMOH and ministry of international cooperation (attendance list attached). There was good discussion on the findings and a plan of action has been drafted during the meeting. Another week has been given for further additions and comments. The plan is now finalized (attached)

8 Annex 1: list of DPs that were invited and those that participated

Nr	List of DPs active in the health sector	DPs invited to participate in 5 th IHP+ Monitoring Round	DPs that participated
1	European Commission	x	
2	GOAL	x	
3	Save the Children – Sweden	x	
4	UNFPA	x	x
5	Italian Development Cooperation	x	x
6	UNDP	x	x
7	UNICEF	x	x
8	WHO	x	x
9	GFATM	x	x
10	Plan Sudan	x	
11	GAVI	x	x
12	Potential Group	x	
13	Spain	x	
14	UNAIDS		
15	United Kingdom DFID	x	
16	Japan JICA	x	
17	World Bank	x	
18	AFDB	x	x
19	USAID	x	
20	China	x	
21	WFP	x	
22	Netherlands	x	
23	TICA	x	
24	Carter Centre	x	x

9 Annex 2: list of participating CSOs

(The number of CSO active in the health sector is 253 organizations)

Nr	List of CSOs active in the health sector	CSO participated in online survey	CSO participated in focus group discussion
1	Rufidah Health Foundation		x
2	National Youth Parliament		x
3	National Union for Youth		x
4	Researcher/ civil society		x
5	Research Assistant		x
6	Neda Development Organization		x
7	National central union		x
8	National Youth Parliament		x
9	Friends of Peace and Development organization		x
10	International Agency for Development and Health		x
11	Islamic Relief Agency		x
12	Sudanese Environment Conservation Society		x
13	Sudan Volunteers Organization for human rights and development		x
14	NawafilElkayrat Organization		x
15	Entrepreneurship Voluntary Work Center		x
16	Sudan Volunteers Organization		x
17	Organization network working in health field		x
18	Sudan center for sickle cell anaemia		x

10 Annex 3: list of participating private sector organisations

Nr	List of private sector active in the health sector (as per the definition in the PS tool)	Private sector organisation participated in focus group discussion (please add an X if participated)
1	Doctors Union	
2	Pharmacist Union	
3	Health officers Union	
4	Optics technician association	X
5	Laboratory technician association	x
6	Union of private pharmacies	X
7	Drug importer chamber	
8	Drug manufacturing chamber	
9	Union of private hospitals	